

	<p>URN: USQ77478</p> <p>Family Name: Goldblum</p> <p>Given Name(s): Peter</p> <p>Address: 123, Smiths Road, Smithville, 4444</p> <p>Date of Birth: 25.12.1982</p>
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MENTAL STATE EXAMINATION

General appearance	Peter is a 38-year old man who has a strong build and is slightly overweight. His hair is quite thin with evidence of balding. He is wearing a formal shirt. In general, he seems clean and well-kempt.
Behaviour	Peter is cooperative in answering all the questions. Initially, he seemed vague, but eventually he started answering all questions to the best of his ability. In general, he is calm and peaceful, and does not show any signs of verbal or physical aggression. He makes eye contact and does not seem distressed or shaken in any way.
Speech	His voice was soft and low without any evidence of aggression or excitement throughout the conversation. His answers were sometimes vague, but overall he was open to providing information to the questions asked.
Mood and Affect	Mood and affect both appeared normal as per outward appearance. He seemed to be resigned to the situation.
Thought process	Logical flow of thought. No evidence of thought disorder was apparent.
Thought content	Peter believes that he hears voices that tell him certain things about certain males in his life. He gets a sense that certain males are pedophiles, and when no one believes him, he becomes verbally and physically aggressive. Peter believes that he has the responsibility of protecting his

	<p>family members, especially his mother and his sister from his Uncle Tim and Steve (boyfriend) respectively.</p> <p>Peter has hidden a knife in his room as he perceives a threat from his sister's boyfriend and feels that he will use it when necessary to protect his sister.</p>
Perception	<ul style="list-style-type: none"> • Hallucinations • Delusions
Cognition	<ul style="list-style-type: none"> • Oriented to time, place, and person • Recent and remote memory appears intact • Concentration intact • Having hallucinations and delusions
Insight	<p>Impaired insight – Peter thinks that he hears voices that tell him that certain males are pedophiles and that he has the responsibility to protect his family from these people.</p>
Judgment	<p>Impaired judgement – Peter believes the voices in his head and turns verbally and physically aggressive towards people from whom he feels threatened.</p>

SYMPTOM	INTERVENTIONS
<p>1. Hallucinations</p>	<p>In order to reduce the severity of Peter’s hallucinations, anti-psychotic medication can be prescribed. Medications such as haloperidol, amisulpride, and ziprasidone have proved to reduce symptom severity by about 60% after using for 12 months (Sommer et al., 2012).</p> <p>Referral to individual cognitive therapy can help in altering Peter’s perception of voices and decreasing the features of his auditory experience (Propst, 2011).</p>
<p>2. Delusions</p>	<p>Referral to Cognitive Behavioural Therapy (CBT) along with cognitive remediation can help Peter modify his negative beliefs and behaviours, thereby reducing the severity of his symptoms (Candida et al., 2016).</p> <p>As Peter does not believe that there is a specific problem with him, there is a high chance that he may discontinue his anti-psychotic medications and CBT sessions. Implementation of Compliance Therapy can help in increasing Peter’s adherence to his medications and CBT visits (Ryan and Melzer, 2014).</p>
<p>3. Perceived physical threat</p>	<p>As Peter states that he has hidden a knife in his room for future emergencies, a complete short-term and long-term risk assessment needs to be undertaken to ensure that he is not a threat to himself and the people around him (Abderhalden et al., 2008).</p> <p>All of Peter’s belongings need to be searched and his hidden knife needs to be recovered so that he does not use it on himself or on people around him (Varghese and George, 2017).</p>

NURSING REPORT

Peter Goldblum, aged 38, has been admitted to the Acute Mental Health Service by his sister, Rebecca, and he has been there since the past 5 days. According to his sister, Peter is verbally and physically aggressive and believes that her boyfriend is a pedophile.

Peter's father has had a 'breakdown', his paternal grandfather has committed suicide, and his younger sister has been diagnosed with anxiety. Peter himself has been diagnosed with schizophrenia. He has a history of aggressive behaviours, abnormal content during conversations, and substance abuse. Specifically, he has hallucinations which leads him to believe that certain men around him are pedophiles and that he needs to protect his family members from such people. He is non-compliant with his medications and has a history of abusing his prescription medications. Earlier, he was living with his parents where he became physically aggressive towards his Uncle believing that he was a threat to his mother. After this incident, he started living with his sister where he attacked her boyfriend believing that he was a pedophile.

Peter is showing symptoms of hallucinations and delusions where he is hearing voices that tell him that some men are pedophiles, they are a threat to the society, and he needs to protect his loved ones from such people. He has gotten physically aggressive with these people although there is no evidence of him being physically hurt during these encounters. As per his statement, he has hidden a knife in his room as he perceives a threat from his sister's boyfriend, who he believes is a pedophile.

Currently, the risk is high for verbal and physical aggression, and he states that he has hidden a knife in his room. His psychiatrist has ordered a complete and comprehensive check of his person and belongings to identify and remove any potential objects that may be used as weapons.

His psychiatrist has also kept Peter on anti-psychotic medications, and given him a referral for CBT and Compliance Therapy due to his history of non-compliance with medications, and for his symptoms of hallucinations and delusions.

REFERENCE LIST

- Abderhalden, C., Needham, I., Dassen, T., Halfens, R., Haug, H., & Fischer, J. E. (2008). Structured risk assessment and violence in acute psychiatric wards: Randomised controlled trial. *British Journal of Psychiatry*, 193(1), 44-50. doi:10.1192/bjp.bp.107.045534
- Candida, M., Campos, C., Monteiro, B., Rocha, N. B., Paes, F., Nardi, A. E., & Machado, S. (2016). Cognitive-behavioral therapy for schizophrenia: An overview on efficacy, recent trends and neurobiological findings. *Medical Express*, 3(5). doi:10.5935/medicalexpress.2016.05.01
- Propst, A. (2011). The Effects of Cognitive Therapy on Hallucinations in Patients with Schizophrenia. *Mcgill J Med*, 13(1), 55.
- Ryan, M. E., & Melzer, T. (2014). Delusions in Schizophrenia: Where are we and where Do we need to go? *International Journal of School and Cognitive Psychology*, 1(3). doi:10.4172/2469-9837.1000115
- Sommer, I. E., Slotema, C. W., Daskalakis, Z. J., Derks, E. M., Blom, J. D., & Gaag, M. V. (2012). The Treatment of Hallucinations in Schizophrenia Spectrum Disorders. *Schizophrenia Bulletin*, 38(4), 704-714. doi:10.1093/schbul/sbs034
- Varghese, A., & George, G. (2017). Treatment Approaches in Aggressive Behavior: An Overview. *EC Psychology and Psychiatry*, 2.6, 228-236.